ROYAL GOVERNMENT OF BHUTAN
NAME OF HCC
DZONGKHAG

Referral Form

Ref. No,:		Date:		
Referred from:				
CID/Reg. No:	**Date:**			
Patients Name	**Gender**	**M**	**F**	**Others**
Address	**Age**			
Referred to:				

History

On Examination/Findings

Investigation Done

Treatment Given

Referred for

Signature
Name
Designation
BMHC No.